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	Application Number	08/78	6,988								
TRANSMITTAL	Filing Date	23 Ja	23 January 1997								
FORM	First Named Inventor		LITTLE, Daniel P.								
	Art Unit	1743									
(to be used for all correspondence after initial	Examiner Name	GAKH	SAKH, Yelena G.								
Total Number of Pages in This Submission	Attorney Docket Number	SEQ-	EQ-2001-UT2								
ENCLOSURES (Check all that apply)											
Fee Transmittal Form	Drawing(s)		After A	llowance Communication to TC							
Fee Attached	Licensing-related Papers			l Communication to Board eals and Interferences							
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocal Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on o	Address	(Appea Proprie Status Other I below) Return P	Enclosure(s) (please Identify :							
SIGNA	TURE OF APPLICANT, ATT	ORNEY, O	R AGENT								
Firm Name BioTechnology Law Gro	oup										
Signature											
Printed name Bruce D. Grant		<u>-</u>									
Date October 14, 2005	October 14, 2005			47,608							
I hereby certify that this correspondence is t sufficient postage as first class mail in an er Alexandria, VA 22313-1450 on the date sho	nvelope addressed to: Mail Stop: Ame	PTO or deposit	ted with the Uni								
Signature Signature	A Delow.										
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PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.		Complete if Known						
rees parsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Num	nber 0	08/786,988				
FEE TR	ANS	SMIII I <i>F</i>	\L	Filing Date	2	3 January 1997		
For	FY 2	2005		First Named Inv	entor L	ITTLE, Daniel P	,	
		Examiner Name	· G	GAKH, Yelena G.				
		Art Unit	1	743				
TOTAL AMOUNT OF PAYN	IENT (\$	690.00		Attorney Docket	No. S	EQ-2001-UT2		
METHOD OF PAYMENT	(check a	ll that apply)						
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under 37 CFR WARNING: Information on this	1.16 and 1	1.17		, La cieda		•	trouido aradit aard	
information and authorization of			t card iiii	ormation should no	ot be inclu	dea on this form. P	TOVIDE CIEDIT CATO	
FEE CALCULATION								
1. BASIC FILING, SEAR								
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAMI	NATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$		Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	S					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (ir	cluding F	Reissues)				50	25	
Each independent claim over 3 (including Reissues)					200	100		
Multiple dependent cla			_			360	180	
			Paid (\$)			ependent Claims		
HP = highest number of total of	claims paid f	x <u>0.00</u> for, if greater than 20.	- =	 		Fee (\$)	Fee Paid (\$)	
	Extra Clai	ms Fee (\$)	<u>Fee</u>	Paid (\$)		0.00		
- 3 or HP = HP = highest number of indepe	andent claim	x0.00	=					
3. APPLICATION SIZE F	EE			(1 1 !	1 4			
If the specification and of listings under 37 CF								
sheets or fraction the		e 35 U.S.C. 41(a)	(1)(G)	and 37 CFR 1.1	6(s).	thereof Fee	(ê) Foe Boid (ê)	
<u>Total Sheets</u> 100 =	Extra She	<u>numbe</u> / 50 =	ii oi eac	h additional 50 o _ (round up to a w				
4. OTHER FEE(S) Non-English Specific	ation, \$	130 fee (no smal	l entity	discount)			Fees Paid (\$)	
Other (e.g., late filing	surcharg	e):Extension of Tin	ne (\$510	.00) and suppleme	ental IDS	(\$180.00)	\$690.00	

SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 47,608

Telephone (858) 623-9470

Date 14 October 2005

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